



Zoning Commission
29 West Avenue – Essex, CT 06426
Phone 860-767-4340 x 119 Fax 860-767-8509
www.essexct.gov

**APPLICATION FOR CERTIFICATE OF APPROVAL OF LOCATION FOR:
DEALING IN OR REPAIRING MOTOR VEHICLES**
(Section 14-54 of Connecticut General Statutes)

Please complete the application completely. Incomplete or missing information may result in delay or denial of your application. The Commission may require the submission of additional information.

The application **must** be accompanied by the State of Connecticut Department of Motor Vehicles form(s) to be signed by the Commission.

A survey drawn to Class A2 standards with a scale of 1" = 20' must accompany this application. The survey must be prepared by a licensed surveyor, and must be certified, signed, and sealed.

Applicants Name: _____

Day Time Phone No.: _____ Evening Phone No.: _____

Mailing Address: _____

Email Address: _____

Name of Property Owner: _____

Mailing Address: _____

Phone No.: _____

Location of Property: _____

Assessors Map No.: _____ Assessors Lot No.: _____ Zoning District: _____

TYPE OF LICENSE:

☐ New Car Dealer ☐ Used Car Dealer ☐ General Repairer ☐ Limited Repairer ☐ Gasoline Station

TYPE OF OWNERSHIP:

☐ Individual ☐ Partnership ☐ Corporation ☐ LLC

Days and Hours of Operation: _____

Briefly describe the business and use of the property (maximum number of cars new/used for sale, motor vehicle repairs/storage, gasoline sales, lottery sales, convenience store): _____

Is this property in an aquifer protection zone? ☐ Yes ☐ No

Is this property served by: ☐ Public Water ☐ Private Well

Is this property within 500' of another municipality? ☐ Yes ☐ No

Is this property located in the Water Resource District I or II? ☐ Yes ☐ No _____
Which district

I/We certify that all the information on this application, including that on the site plan and any attachments, is correct as of the date below and complete. I/We certify that I/we am/are the owner(s) of the premises described above, or the authorized agent of the owner(s) of said premises.

Dated: _____

Applicant(s) or Agent Signature(s) _____

FOR OFFICIAL USE ONLY:

Fee Paid Town: _____ DEP _____ Date received by _____ Approval Date _____

ZEa Signature _____ Permit No. _____ Denied (date) _____ Sec. _____